

Library

WING RURAL DISTRICT COUNCIL



ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

and the

PUBLIC HEALTH INSPECTOR

for the year

1970

R

LIST OF PARISHES IN THE COUNCIL'S AREA

Aston Abbotts

Cheddington

Cublington

Edlesborough, including Dagnall and Northall

Great Brickhill

Grove

Ivinghoe and Ivinghoe Aston

Marsworth

Mentmore

Pitstone

Slapton, including Horton

Soulbury

Stoke Hammond

Wing

Wingrave and Rowsham

1970
WING RURAL DISTRICT COUNCIL

CHAIRMAN OF COUNCIL

J. M. Raven, Esq.

VICE-CHAIRMAN

H. F. Broad, Esq.

Members

Mrs. J. D. M. Cranmer
Mrs. V. E. Banfield
Mrs. P. P. Brown
Mrs. S. M. Hailey
Mrs. F. Shand Kydd
W. G. Andrews, Esq.
A. W. Ashby, Esq.
C. S. Curtis, Esq.
I. T. E. Gadsden, Esq.
C. H. Higgs, Esq.
P. C. Howes, Esq.
A. T. Jarvis, Esq.
L. Pinder, Esq.
A. T. Read, Esq.
R. H. Tompkins, Esq.
R. J. Treacher, Esq.
W. D. C. Cook, Esq.

PUBLIC HEALTH STAFF

MEDICAL OFFICER OF HEALTH

A. W. Pringle, B.A., M.B., D.P.H.

DEPUTY MEDICAL OFFICER OF HEALTH

G. F. Slocombe, M.B., B.S., D.P.H.

SURVEYOR AND PUBLIC HEALTH INSPECTOR

W. E. Thompson, A.R.I.C.S., M.R.S.H.

PUBLIC HEALTH INSPECTOR

D. J. Hobday, F.A.P.H.I.

WING RURAL DISTRICT COUNCIL

“Brooklands”,
8 Leighton Road,
Leighton Buzzard

To the Chairman and Members
of the Wing Rural District Council.

Mr. Chairman, Ladies and Gentlemen,

One of the difficulties in these days of rapid change is that by the time the Annual Report is published events have taken place which make one's comments seem quite out of date. We have had two Green Papers on the future structure of the National Health Service, the first produced in 1968 and the second in 1970, and the third is expected within the next few months. It remains to be seen whether it will propose any radical changes in the structure as already outlined. Only one firm fact of the Government's intentions has emerged so far; that the introduction of the new service will coincide with the implementation of the re-organisation of Local Government on 1st April, 1974, which in itself will involve major changes.

To those of us who work in Health Departments of Local Authorities these uncertainties can be unsettling, but the work which we do must be carried on because it is vital to the maintenance of public health and equally clearly, will have to be carried on in the future no matter what new structure emerges or whatever additional new roles we may be asked to undertake. It is important, however, that our future roles should be known to us as soon as possible so that we can use the interim period preparing to take them over on the appointed day. Inevitably this will entail some training and re-orientation, but those of us who agree that an integrated health service will result in a better service are quite prepared to face these changes.

Turning to the vital statistics for the year, there are no remarkable changes in the figures. The two infant deaths which accounted for the infant mortality rate of 12 per 1,000 live births were both the result of premature births which took place in hospital. An analysis of the causes of death of infants under 1 year of age in the mid-Bucks Area during the year shows that either congenital malformations or prematurity accounted for the deaths in all but three cases. Of these three, two were due to severe injuries as the result of accidents and in as far as the accidents concerned were avoidable it might be considered that these deaths could have been prevented. Research into the causation of congenital abnormalities goes on, but this is a very complex subject and it can be expected that the more gross cases will continue to be stillborn, and some of the lesser, such as abnormal cardiac conditions, may only survive for a

limited period. In view of the heroic efforts which are now made to achieve the survival of very premature infants, it can also be expected that a few may not survive.

TUBERCULOSIS

A school meals helper at Slapton County Primary School who resigned during November 1970 was notified as a case of pulmonary tuberculosis during the following month. As it was clearly a possibility that she had been infective while working in this capacity at the school, arrangements were made for all pupils to have skin tests which would show any past or recent tuberculosis infection.

Three pupils showed a positive reaction to the test. One of these had previously been in contact with a case and as a result had been given B.C.G. vaccination against tuberculosis which accounted for her positive reaction. All were X-rayed and examined by the Chest Consultant at Tindal General Hospital and it was decided to put the other two on a course of anti-tuberculosis drugs as a precaution. While this was sound clinical practice it did give rise to some confusion at the school because it was assumed that because they were on treatment they were "cases" of tuberculosis. However it was not difficult to reassure parents and teachers that this was simply a precautionary measure. All school staff and pupils who had attended the school over the previous year were followed up but no further trace of infection was found.

MEASLES

The figures for notifications of measles are high in spite of the measles vaccination campaign. This is disappointing, but if the remarks made in the Annual Report for 1969 about the shortage of vaccine from March, 1969 to April, 1970, and the fact that 1970 was an epidemic year, are taken into consideration, they become more understandable. The campaign which had just got under way lost its momentum, and because of the withdrawal of vaccine by one producer due to doubts about its safety, there was some loss of confidence amongst the general public. The figures certainly indicate that a critical eye should be kept on the situation over 1971.

The picture with regard to dysentery and food poisoning is brighter, and it is to be hoped that the present trend can be maintained. No cases of these diseases were notified in the District.

VENEREAL DISEASE

Figures obtained from the special clinic at the Royal Bucks Hospital indicate that there has been no significant change in the situation in the Aylesbury Area as compared with the previous year. Of course, some people who become infected prefer to go elsewhere for treatment, but taken year by year the figures do give some indication of the local situation. For the first time no new case of syphilis was seen at the Clinic. There were 14 new cases of gonorrhoea and 74 other venereal conditions, mainly non-specific urethritis.

The difficulty in eradicating venereal disease is not due to lack of effective treatment, nor indeed now-a-days, to lack of knowledge about the risks of infection, but rather to the difficulty in detecting the disease in females whose symptoms are sometimes less obvious

than those in males, and who may, therefore, be unaware that they are infective. Coupled with this, there are, of course, some people who could not care less whether they become infected or not, and it can only be hoped that continuing health education will reduce their numbers. This subject is included in the annual health education programme for senior pupils at all schools, and although there is no evidence to suggest, which, if any, of the cases mentioned above originated in the District it is clearly important that all school leavers should understand the fundamental facts about this group of diseases.

DRUG DEPENDENCE

The local situation was briefly reviewed in last year's report. Since then a County Committee supported by area liaison committees has been established and has held meetings quarterly. The Aylesbury area liaison committee has wide representation over the field of those connected with youth in an educational and social setting and its first task has been to try to assess the extent of the problem locally and look critically at the counter measures being taken at present. Nobody who has thought seriously about the spread of drug taking can have imagined that easy solutions would be forthcoming but some valuable suggestions have been put forward by members and these are being acted upon.

When writing last year's Report the black cloud of the possibility of the third London Airport hung over the environmental health of the District. It remained overhead throughout the year but at the time of writing it has passed to the immense relief of the great majority. To those of us whose work is concerned with community health this represented a turning point in attitude towards the environment and gives us encouragement for the future.

Once again I would like to thank you for your advice and support throughout the year, and to acknowledge the willing help received from my Deputy Dr. Slocombe and staff of the Health Department.

I am, Your obedient Servant,

A. W. PRINGLE, B.A., M.B., B.CH., DPH.

Medical Officer of Health

(A) VITAL STATISTICS

	1969	1970
Area in acres	36,502	36,502
Population	10,020	10,120
Number of Habitable Houses		
assessed for rating	3,593	3,667
Rateable Value	£452,900	£469,268
Sum represented by a penny rate ..	£1,777	£1,824
BIRTHS		
Legitimate Males	69	79
" Females	68	76
Illegitimate Males	3	6
" Females	2	4
Stillbirths	3	—
Birth Rate per 1,000 population ..	14.2	16.3
" " " " " (Bucks) ..	15.1	17.3
" " " " " (Eng. & Wales)	16.3	16.0
DEATHS		
Males	50	57
Females	48	33
Death Rate per 1,000 population ..	9.8	8.9
" " " " " (Bucks)	9.2	8.2
" " " " " (Eng. & Wales)	11.9	11.9
Maternal Mortality Rate	Nil	Nil
" " " (Bucks)	Nil	Nil
" " " (Eng. & Wales)	Not Available	Not Available
Infantile Mortality Rate	21	12
" " " (Bucks)	—	—
" " " (Eng. & Wales)	18	18
CAUSES OF DEATH		
Cancer	17	17
Diabetes	1	1
Hypertensive Disease	2	—
Multiple Sclerosis	—	1
Heart Disease	33	39
Cerebrovascular Disease	12	13
Other Diseases of Circulatory System ..	7	4
Influenza	1	—
Pneumonia	9	4
Bronchitis and Emphysema	5	6
Other Diseases of Respiratory System ..	3	1
Peptic Ulcer	1	—
Intestinal Obstruction and Hernia	1	—
Other Diseases of Digestive System	1	1
Other Diseases, Genito-Urinary System ..	1	1
Birth, Injury and Difficult Labour	—	1
Other causes of Perinatal Mortality	2	1
All Other Accidents	3	1
TOTAL	99	91

(B) GENERAL PROVISION OF HEALTH SERVICES

1. LABORATORY FACILITIES

Specimens for bacteriological investigation are sent to the Public Health Laboratories at Aylesbury, Luton, and Oxford. Specimens for qualitative and quantitative analysis are sent to London.

2. AMBULANCE SERVICES

These are provided by the Bucks County Council, and are under the direction of the County Medical Officer. Eleven ambulances and five dual purpose vehicles and an Ambulance/sitting/wheel chair purpose-built vehicle with hydraulic tail lift were available at the Ambulance Headquarters, Buckingham Road, for use in the Borough and surrounding districts. There is two-way radio link between all vehicles and Headquarters. The majority of long distance journeys are carried out by train, stretcher cases being accommodated in reserved compartments. All casualties are conveyed to the Casualty Department at the Royal Bucks Hospital.

3. CHILD HEALTH CLINICS

	<i>Times Open</i>	<i>Sessions</i>	<i>Total No. of attendances</i>	<i>No. of times Doctor attended</i>
Cheddington	12	2nd Monday	346	12
Edlesborough	12	3rd Monday	221	12
Ivinghoe	24	2nd & 4th Tuesday	811	24
Ivinghoe Aston	11	1st Tuesday	29	8
Wing	24	1st & 3rd Friday	497	12
Wingrave	11	4th Monday	160	10
Slapton	11	1st Tuesday	32	8
Marsworth	11	1st Tuesday	36	8
Stoke Hammond	11	4th Monday	40	11
Great Brickhill	10	1st Friday	94	9
TOTAL			2,266	

There has been a change in emphasis in examinations carried out at these Clinics. Whereas in the past they were directed towards revealing physical defects and nutritional faults only, they are now equally concerned with the child's developmental progress. The children are seen, if possible, soon after birth and thereafter periodically to compare their progress with developmental norms for their age. Early methods of testing vision, hearing and other

senses have been devised by Dr. Mary Sheridan and others, and these are also applied with a view to detection and treatment of defects as early as possible. Closer ties with the hospital paediatric department have been developed so that, after consultation with the child's general practitioner, specialist advice can be easily obtained. The usual range of child immunisations including more recently measles, are carried out at the Clinics.

4. CHEST CLINICS

Under the administration of the Regional Hospital Board and the County Health Department, clinics are maintained at Tindal Hospital, Aylesbury and at Bletchley. Sessions are held weekly and are attended by a Specialist in Chest Diseases. The work of these clinics is invaluable in the control of, and prevention of the spread of Tuberculosis. There is a close working relationship between the chest physician and the Medical Officer of Health.

5. HOSPITALS

(a) Infectious Diseases—Cases were admitted to the following Hospitals:

Isolation Hospital, Aylesbury. Isolation Hospital, Spittlesea.

(b) Tuberculosis—Cases are admitted to the Tindal General Hospital and Berks and Bucks Joint Sanatorium, Peppard.

(c) General—All acute medical and surgical cases are now admitted to Stoke Mandeville Hospital which, also admits paraplegic cases from a wide area. The Royal Bucks Hospital is still the main centre for outpatient clinics but as far as in-patients are concerned beds are mainly for orthopaedic, accident and maternity cases. Tindal General Hospital admits chest cases, including tuberculosis, geriatrics and chronic sick elderly patients. It also provides some accommodation for older mentally subnormal males.

6. DIPHTHERIA, TETANUS, WHOOPING COUGH IMMUNISATION AND POLIOMYELITIS, SMALLPOX MEASLES AND GERMAN MEASLES VACCINATION

The Bucks County Council, being the Local Health Authority as defined by the National Health Service Act, 1946, administer these services

7. TREATMENT OF VENEREAL DISEASE

A venereal disease clinic is held regularly at the Royal Bucks Hospital, Aylesbury, where free treatment is given. This clinic is administered by the Royal Bucks and Associated Hospitals Management Committee.

(C) PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

NOTIFICATIONS	1969	1970
Measles	1	73
Scarlet Fever	—	3
Whooping Cough	—	1
Pneumonia	—	—
Tuberculosis	1	3
Others	—	—

A. W. PRINGLE,
Medical Officer of Health

“Brooklands”,
8 Leighton Road,
Leighton Buzzard,
Beds.

To the Chairman and Members
of Wing Rural District Council.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report of the Public Health Inspector for the year 1970.

I am,

Your Obedient Servant,

W. E. THOMPSON, A.R.I.C.S., M.R.S.H.,
Surveyor and Public Health Inspector.

(D) SANITARY CIRCUMSTANCES IN THE AREA

1. WATER SUPPLY

The Bucks Water Board, of which the Rural District Council are a constituent authority, have continued to supply mains water to every Parish and every hamlet except Mentmore Village which has its own private estate supply, Grove Hospital which has its supply from Mid Beds Water Board and a few properties near the Hertfordshire border which have piped supplies from Rickmansworth and Uxbridge Valley Water Company. All these supplies are regularly sampled and generally found to be satisfactory. Only 38 isolated houses have to depend on their own private wells for domestic water supply.

2. SEWERAGE AND SEWAGE DISPOSAL

The scheme for sewerage Edlesborough and Northall with Eaton Bray and other adjoining villages in Luton Rural District has been completed, and all but some 20 houses already connected.

At Wing the enlargement of the Cublington Road sewage treatment works has been completed satisfactorily.

The scheme for enlarging the Wingrave works to sewer the new development planned for that village has commenced and the Council has asked Consulting Civil Engineers to advise on improvements to the Cheddington/Marsworth sewerage system.

3 REFUSE COLLECTION AND DISPOSAL

All household and some trade refuse is collected from all parishes by nine men on four vehicles, the men now being on a short term productivity bonus scheme of wages. This agreement together with the changeover to paper sacks held in fully guarded sack holders should result in a cleaner, more hygienic and efficient system of collection at weekly intervals.

Approximately half the District households have been supplied with sack holders this year and the remainder should be so provided in the next financial year commencing April 1971.

Although the Council is negotiating for the use of a disused quarry inside its own District as a refuse tip, all refuse collected at present is delivered to the Newton Longville tip under the control of Bletchley Urban District Council.

4. SWIMMING BATHS AND POOLS

There are no public swimming baths in the District, but by arrangement with the G.L.C. the swimming bath at Stockgrove Park School is used by schools and youth organisations.

(E)

HOUSING

IMPROVEMENT GRANTS

Since the introduction of the Housing Act 1969 which made allowance for higher Improvement and Standard Grants, the number of applications submitted has been doubled.

During the year 35 applications for Improvement Grants were received and approved. The average grant approved amounted to some £500 per dwelling.

Standard grant applications numbered 14.

It is observed that many owners are carrying out larger schemes of improvement now, the Improvement Grant being more popular than the standard grant. The number of tenanted houses improved is still, regrettably, small but it is hoped that landlords will take full advantage of the attractive grants now available.

(F)**FOOD**

No Brucella or other infection was encountered in milk sampled during the year, all other being up to required standard. There are no egg pasteurisation plants in the Rural District.

Bakehouses					1970
(i)	Number on register	..	..	..	2
(ii)	Fitted to comply with regulation 16	..	..	..	2
(iii)	Regulation 19 applies to	..	..	..	2
(iv)	Fitted to comply with regulation 19	..	..	..	2
Licensed Houses					
(i)	Number on register	..	..	..	40
(ii)	Fitted to comply with regulation 16	..	..	..	39
(iii)	Regulation 19 applies to	..	..	..	40
(iv)	Fitted to comply with regulation 19	..	..	..	40
Retail Stores					
(i)	Number on register	..	..	..	37
(ii)	Fitted to comply with regulation 16	..	..	..	37
(iii)	Regulation 19 applies to	..	..	..	21
(iv)	Fitted to comply with regulation 19	..	..	..	17
Cafes and Canteens					
(i)	Number on register	..	..	..	4
(ii)	Fitted to comply with regulation 16	..	..	..	4
(iii)	Regulation 19 applies to	..	..	..	4
(iv)	Fitted to comply with regulation 19	..	..	..	4
	Milk Distributors	..	..	..	4
Ice Cream Retailers					
	Number on Register at end of year	..	..	..	42
	New licences granted during the year	..	..	..	4

(G)**RODENT CONTROL**

The Council employ a Rodent Operative to carry out this work jointly under the supervision of the Public Health Inspectors of Wing and Winslow R.D.C.'s.

Number of properties inspected	..	..	..	1,444
Number of treatments carried out	..	..	..	228
Number of Statutory Notices served	..	..	..	Nil

All the Council's sewage disposal and refuse tips were treated regularly and sewer treatments were carried out at Aston Abbots. Wing, Wingrave, Ivinghoe Aston, Horton and Stoke Hammond.

(H)**MEAT AND OTHER FOODS**

One slaughterhouse is in use in the District and the meat is regularly inspected by qualified Meat Inspectors. (see Table over)

Licences to slaughter animals during the year	3
---	----	----	----	---

MEAT INSPECTION

Carcases and Offal Inspected and Condemned in Whole or in Part						
	Cattle		Sheep and Lambs		Horses	
	Excluding					
	Cows	Cows	Calves	Lambs	Pigs	Horses
Number killed ..	3461	100	149	6538	18630	—
Number inspected ..	3461	100	149	6538	18630	—
All diseases except Tuberculosis & Cysticerci						
Whole carcasses condemned ..	—	1	5	3	6	—
Carcases of which some part or organ was condemned ..	725	29	3	319	956	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci ..	20.95	30.00	5.37	4.92	5.16	—
Tuberculosis only:						
Whole carcasses condemned ..	—	—	—	—	—	—
Carcases of which some part or organ was condemned ..	—	—	—	—	98	—
Percentage of the number inspected affected with tuberculosis ..	—	—	—	—	0.53	—
Cysticercosis:						
Carcases of which some part or organ was condemned ..	9	2	—	—	—	—
Carcases submitted to treatment by refrigeration ..	—	—	—	—	—	—
Generalised and totally condemned ..	—	—	—	—	—	—
Meat and Offal Condemned						
Tuberculosis ..	..	..	..	9 cwt.		
Other Diseases ..	..	..	..	156 cwt.		

(I) **FACTORIES AND WORKSHOPS**

1. Inspections for purposes of provisions as to health (including inspections made by Public Health Inspectors).

<i>Premises</i> (1)	<i>Number on Register</i> (2)	<i>Inspections</i> (3)	<i>No. of Written notices</i> (4)	<i>Occupiers prosecuted</i> (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	11	4	Nil	Nil
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ..	42	12	1	Nil
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ..	—	—	—	—
TOTAL	53	16	1	Nil

2. Cases in which **Defects** were found.

<i>Particulars</i> (1)	<i>Number of cases in which defects were found</i>				<i>Number of cases in which prosecutions were instituted</i> (6)
	<i>Found</i> (2)	<i>Remedied</i> (3)	<i>Referred To H.M. Inspector</i> (4)	<i>By H.M. Inspector</i> (5)	
Want of cleanliness (S.1)	Nil	Nil	—	—	Nil
Overcrowding (S.2)	Nil	Nil	—	—	Nil
Sanitary Conveniences (S.7) (a) Insufficient	1	1	—	—	Nil
(b) Unsuitable or defective	2	2	—	—	Nil
TOTAL	3	3	Nil	Nil	Nil

3. Number of Outworkers	48
-------------------------	----	----	----	----	----	----

Petroleum Acts and Orders

Registered number of licences	..	..	..	..	35
Storage capacity 500 gallons or less	..	..	..	..	20
Storage capacity between 500 and 1,000 gallons	..	..	..	..	5
Storage capacity over 1,000 gallons	..	..	..	..	10

All underground storage tanks more than 20 years old have been tested to Home Office requirements or replaced.

Moveable Dwellings

Number of licensed sites	..	..	..	..	..	10
Individual caravans:						
(a) Occupied temporarily for housing	..	..	..	..	..	8
(b) Used occasionally	..	..	..	..	..	2
Number of inspections	..	..	..	..	..	8
Nuisances found to exist	..	..	..	..	..	Nil
Temporary Buildings	..	..	..	..	..	Nil

W. E. THOMPSON,

Public Health Inspector

